## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 29, 2002 8:00 am Secretary of State

	THE CHILL DOUBLE	JJ MEFONI	(ODIT)		Secretary	of State	
DOCUMENT # P 960000 402 74  1. Entity Name				,	05-29-2002 93594 023 ***150.00		
GOOD WAY OIL COPPORAtion.							
DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business 3. Mailing Address							
2152 OKEECO BEE BIVE 22272 ALYSSWITE, Apt. #, etc. Suite, Apt. #, etc.			III W/+/		DO NOT WRITE IN THIS SPACE		
City & State W. Palm Beach Boca Raton			FL.		. FEI Number 65-0667501	Applied For Not Applicable	
Zip , CountryZip		.Country _	- y = \$8.75 Additional				
<u> </u>	=33409 P. Beach.	33433.	<u>P.Beac</u>	in	Name and Address of Current Registered	Fee Required	
Name					0. 0.		
DO NOT WRITE ELI					13WZaglo, Ples. PO. Box Number is Not Acceptable)		
		•	Street Address (		Box Number is Not Acceptable)		
IN THIS SPACE			223	22272 ALYSSUM WAY			
*.			City B	OCA (	Paton FL	Zip Code 33433	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or	registered a	agent, or both, in the State of Florida.	100-100	
		: 0.1			C/00/00		
SIGNATURE	Signature, typed or printed name of registered agent an	ELI SUZAGII d title if applicable. (ROTE: F	Pegistered Agent signatu	re required wher	n reinstating) DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25					10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	Make Check Payable	to Department	of State		<del></del>	
TITLE	Pres.	,	TITLE		<del></del>		
NAME	ELI BUZABIO. 22272 ALYSSUM WAY		NAME				
STREET ADDRESS CITY-ST-ZIP	Boca Ration F	L.33433.	STREET ADDRESS CITY-ST-ZIP				
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/02

Daytime Phone #